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APPLICANTS Michelle Gaster, Beverly Hills, CA; <i>One PA</i>				
** CONTINUING DATA ***** <i>None PA</i>				
** FOREIGN APPLICATIONS ***** <i>None PA</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/11/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Phillip S. [Signature]</i> Examiner's Signature <i>PA</i> Initials		STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 22
INDEPENDENT CLAIMS 4				
ADDRESS 29524				
TITLE Apparatus and methods for transportable medical fluid administration				
FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	